

ALLIS CARE CENTER

9047 WEST GREENFIELD

WEST ALLIS 53214 Phone:(414) 453-9290

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 145

Total Licensed Bed Capacity (12/31/02): 186

Number of Residents on 12/31/02: 141

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Limited Liability Company

Skilled

No

Yes

Yes

139

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41.1		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	44.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.1	More Than 4 Years	14.9		
Day Services	No	Mental Illness (Org./Psy)	18.4	65 - 74	14.2	-----			
Respite Care	Yes	Mental Illness (Other)	3.5	75 - 84	34.0				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.4	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	9.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.7	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	9.2	65 & Over	97.9	-----			
Transportation	No	Cerebrovascular	11.3	-----	-----	RNs			4.8
Referral Service	No	Diabetes	2.1	Sex	%	LPNs			8.5
Other Services	No	Respiratory	3.5	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	44.0	Male	24.8	Aides, & Orderlies			38.6
Mentally Ill	No	-----	-----	Female	75.2				
Provide Day Programming for			100.0	-----	-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	2	1.9	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Skilled Care	8	100.0	293	97	92.4	118	0	0.0	0	25	100.0	180	3	100.0	118	0	0.0	0	133	94.3
Intermediate	---	---	---	6	5.7	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		105	100.0		0	0.0		25	100.0		3	100.0		0	0.0		141	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health	4.3	Bathing		58.9		39.7		141	
Private Home/With Home Health	0.0	Dressing		85.1		11.3		141	
Other Nursing Homes	23.6	Transferring		66.7		18.4		141	
Acute Care Hospitals	72.0	Toilet Use		75.2		14.2		141	
Psych. Hosp.-MR/DD Facilities	0.0	Eating		50.4		10.6		141	
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0								
Total Number of Admissions		Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		5.7		Receiving Respiratory Care		5.7	
Private Home/No Home Health	27.6	Occ/Freq. Incontinent of Bladder		42.6		Receiving Tracheostomy Care		1.4	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel		37.6		Receiving Suctioning		1.4	
Other Nursing Homes	4.8					Receiving Ostomy Care		1.4	
Acute Care Hospitals	17.9	Mobility				Receiving Tube Feeding		6.4	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0		Receiving Mechanically Altered Diets		33.3	
Rehabilitation Hospitals	0.0								
Other Locations	2.8	Skin Care				Other Resident Characteristics			
Deaths	46.9	With Pressure Sores		5.0		Have Advance Directives		100.0	
Total Number of Discharges		With Rashes		2.1		Medications			
(Including Deaths)	145					Receiving Psychoactive Drugs		60.3	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		74.1	81.9	0.91	88.6	0.84	84.2	0.88	85.1 0.87
Current Residents from In-County		100	83.1	1.20	85.4	1.17	85.3	1.17	76.6 1.30
Admissions from In-County, Still Residing		36.0	18.8	1.92	18.6	1.93	21.0	1.71	20.3 1.77
Admissions/Average Daily Census		115.8	182.0	0.64	203.0	0.57	153.9	0.75	133.4 0.87
Discharges/Average Daily Census		104.3	180.8	0.58	202.3	0.52	156.0	0.67	135.3 0.77
Discharges To Private Residence/Average Daily Census		28.8	69.3	0.42	76.5	0.38	56.3	0.51	56.6 0.51
Residents Receiving Skilled Care		95.7	93.0	1.03	93.5	1.02	91.6	1.05	86.3 1.11
Residents Aged 65 and Older		97.9	87.1	1.12	93.3	1.05	91.5	1.07	87.7 1.12
Title 19 (Medicaid) Funded Residents		74.5	66.2	1.12	57.0	1.31	60.8	1.22	67.5 1.10
Private Pay Funded Residents		17.7	13.9	1.28	24.7	0.72	23.4	0.76	21.0 0.84
Developmentally Disabled Residents		0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1 0.00
Mentally Ill Residents		22.0	30.2	0.73	28.5	0.77	32.8	0.67	33.3 0.66
General Medical Service Residents		44.0	23.4	1.88	28.9	1.52	23.3	1.89	20.5 2.15
Impaired ADL (Mean)		52.6	51.7	1.02	50.9	1.03	51.0	1.03	49.3 1.07
Psychological Problems		60.3	52.9	1.14	52.9	1.14	53.9	1.12	54.0 1.12
Nursing Care Required (Mean)		7.1	7.2	0.98	6.8	1.04	7.2	0.99	7.2 0.99